DESCRIPTION	Fluconazole is an azole antifungal, it impairs ergosterol synthesis in fungal cell membranes resulting in their breakdown and cell leakage.[1] Fluconazole is indicated for the treatment of systemic fungal infections due to yeasts (*Candida* and *Cryptococcus*) and Dermatophytes (*Trichophyton spp*, *Epidermophyton fluccosum* and *Microsporum spp.)*.[1,2]
ChAMP INDICATIONS AND RESTRICTIONS	**IV and Oral: Category B: Monitored** ChAMP team to be informed of use and will review if ongoing therapy is required and does not meet specified indications. **Standard Indications:** • Prophylaxis: antifungal, high risk of invasive candidiasis Candidiasis: oesophageal, severe or immunocompromised • Urinary tract infection: uncomplicated candiduria • Candidiasis: vulvovaginal , complicated • Sepsis: candidiasis, empiric or proven
FORMULATIONS	200mg/100mL and 100mg/50mL solution for injection vial 50mg, 100mg capsules 50mg/5mL oral suspension
DOSAGE	The doses listed below fall within the standard range. Higher doses may be prescribed in certain situations. This should be in consultation with Infectious Diseases or Microbiology consultants. **Systemic infections:** **IV:** 12mg/kg/dose (to a maximum of 400mg) once daily.[1,3] Step-down to oral therapy should only be done in consultation with Infectious Diseases. **Superficial and oral candidiasis:** **Oral:** 6mg/kg/dose (to a maximum of 200mg) once daily for 1 day, then 3mg/kg/dose once daily thereafter.[1,3] **Vaginal candidiasis:** **Oral:** 150mg as a single dose (in post-pubertal females).[1,4] **Prophylaxis:** **Oral:** 6mg/kg/dose (to a maximum of 400mg) once daily.[5] **Neonates:** Please refer to neonatal clinical care drug protocols Neonatology Clinical Care Unit - Drug Protocols - Services A — Z - Women and Newborn Health Service
DOSAGE ADJUSTMENT	Dosage adjustment may be required in cases of impaired renal function (with creatinine clearance of less than 50mL/min). http://cahs.hdwa.health.wa.gov.au/__data/assets/pdf_file/0003/106986/01_Guidlines_for_calculating_CLcr.pdf **Dosage adjustment required in renal impairment:** CrCl > 50mL/minute : normal dose CrCl 21-50mL/minute : Give 100% normal dose daily for 2 days, then give 50% daily CrCl <20mL/minute : Give 100% normal dose daily for 2 days, then give 25% daily.[1,6]
RECONSTITUTION	**IV:** Not applicable

	Oral: Reconstitute with 24mL of water as follows: tap bottle until all powder flows freely; add the 24mL of water for reconstitution and shake vigorously to suspend powder. Store reconstituted solution between 5 and 30ºC and discard any remaining suspension after 14 days.[7] Refer to packaging for reconstitution instructions for alternative brands.
ADMINISTRATION	**IV infusion:** Infuse undiluted (2mg/mL) at a rate no greater than 200mg/hour. Higher doses (6mg/kg or greater) are best administered over 2 hours.[8,9,10] **Oral:** May be administered with or without food.[5] Shake the suspension well before measuring out the dose.
MONITORING	Renal, hepatic, haematological function and potassium levels should be monitored with prolonged therapy (i.e. longer than 7 days)[5] ECG monitoring should also be conducted in those patients with proarrhythmic conditions or medications.[11]
ADVERSE EFFECTS	**Common:** rash, headache, dizziness, nausea, vomiting, abdominal pain, diarrhoea, elevated liver enzymes.[1] **Rare:** constipation, anorexia, fatigue, thrombocytopenia, blood dyscrasias, serious hepatotoxicity including hepatic failure, anaphylactic/anaphylactoid reactions, alopecia (especially with prolonged courses), peripheral neuropathy, oliguria, hypokalaemia, dizziness, seizures, Stevens-Johnson syndrome; prolonged QT interval, torsades de pointes.[1]
COMPATIBLE FLUIDS	Glucose 5% Sodium chloride 0.9% Hartmann's Ringers.[8]
PRECAUTIONS	Fluconazole has been shown to prolong the QT interval.[1,6] Fluconazole has a number of clinically significant drug interactions. Please contact Pharmacy or refer to literature for further advice.[1,6,10] Avoid extravasation[8]
COMMENTS	Fluconazole has good oral bioavailability – consider switching to oral dosing as soon as clinically appropriate.[3,5] Each 200mg (100mL) of IV solution 15mmol of sodium.[8,9]

Please note: The information contained in this guideline is to assist with the preparation and administration of **fluconazole.** Any variations to the doses recommended should be clarified with the prescriber prior to administration

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